of OCCUPA-

1. PLACE OF DEATH	(2,0)
County Ourses	Registration Dist. No. 268
Village or City DEALS ISLAND, MD	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Unging & UV	<i>F. Q.</i>
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	MAR 1 2 1037 193
- Married	(Month) (Pay) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended daceased from
(or) WIFE of Min G. Alband	March 8, 1934, to, March 12, 1934
6. DATE OF BIRTH (month, day, and year) May 12 - (880	I lest saw h. C. alive on Masch 11 , 1934; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
5-453 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1/8 Trade profession or particular	were as joinows: Oate of one o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	bod al intloude
Undustry or business In which work was done, as SILK MILL, House	To all solling the Pennsciation
O	and exhaustras
10. Date deceased last worked at this occupation (month end year) spertin this occupation	
DEALO IDI	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) DEALS ISLAND, MD.	Hap fount arralage
(State or country)	of Jugary years standing
13. NAME Wesley Webelly	
14. BIRTHPLACE (city or town) DEALS ISLAND, MD.	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was thera an au'opsy?
15. MAIOEN NAME Drucelly Webster	23. If death was due to external causes (VtOLENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JV. G. WOULD (Address) DEALS ISLAND, MD	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Seals Island Oats Mar 14, 1934	Natura of injury
19 UNDERTAKER Tired J. Skebster	24. Was disease or injury in any way retated to occupation of deceased?
(Address) Deals ilstand md	If so, spacify
20. FILED Mch (4, 1934 Rom Welter Registrar.	(Signed) CHANCE, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

10.—The month and year the deceased last worked at the occupa

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السيسيسيا		

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02995
County Someone I	Paristatian Diet III 2/2/
Village or City Mistory R. F. D2	Registration Dist. No. 26 Y
	Mon. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?mosds
2. FULL NAME David & H- Da	con
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Butta Fanal	22. I HEREBY CERTIFY. That I attanded deceased from March 27 1934 to Well 28 1034
6. DATE OF BIRTH (month, day, and year) 2 1418-8-3	I last saw h even alive on ward 28 19 Let double call
7. AGE Yaars Months Days If LESS than	to have occurred on the deta stated above, et 12 400 m.
50 8 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
& Trade profession or particular	Date of one et
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Date dacasad last worked et this ground and worked with special statements of the second statements of the s	augua delous
Date dacaasad last worked et this occupation (month end yaar)	
12. BIRTHPLACE (city or town). Constantle (Stata or country)	Othar Contributory Causes of Importance:
I // Pomme a. process	
14. BIRTHPLACE (citt/or town) (State or country)	Neme of operation Date of
15. MAIDEN NAME aoms Happist.	What test confirmed diagnosis?
	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) Catalogue (Stata or country)	Accident, suicide, or homicide?
2 0 7 0	Whera did injury occur? (Specify city or town, county and State)
(Address) Wistom B. T D	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleca Walnington Polloata Mar 31, 1934	Natura of injury
19. UNDERTAKER trunk E. Ulbangh (Addiess) Cambridge and	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Mch 28, 19 Samuel Scott	(Signad) after and M. D
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis -1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEA	TATE OF	OF MARYLAN	D-CERTIFICATE	OF DEAT
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1. PLACE OF DEATH  County  Ward  Length of residence in city or fown where death occurred.  Length of residence in city or fown where death occurred.  J. FULL NAME  (a) Residence: No.  Little of the county of the	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (b) Catal place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARKED, WIDOVED, Govice the wyd1)  3. SI, If married, widowed, or diversal MUSBAND of City Will of the Color of City Will of City of Color of City Will of Color of City Will of City of Color of City Will of City of Color of City Will of City of Color of City Will of City of Color of City Will of Color of City Will of City of Color of City Will of City of Color of City o	1. PLACE OF DEATH	(NI-d)
Village or City  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence in city or town where death occurred.  (b) Residence in city or town where death occurred.  (b) Residence in city or town where death occurred.  (c) Residence in city or town where death occurred.  (d) Residence in city or town and sustence of the city of the city or town and State of the city of t	County Finerse	Registration Dist. No. 263
Length of residence in city or fown where death occurred.  2. FULL NAME  (a) Residence: No.  (breat place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SIKUE, MARBED, WIDOWED,  6. DATE OF BIRTH (month, day, and year)  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  5. If married, widowed, or divercad  HUSBAND OF  HUSBAND  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  5. SIKUE, MARBED, WIDOWED,  6. DATE OF BERTH (month, day, and year)  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  5. SIKUE, MARBED, WIDOWED,  6. DATE OF BERTH (month, day, and year)  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  6. DATE OF BERTH (month, day, and year)  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  6. DATE OF BERTH (month, day, and year)  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  6. DATE OF BERTH (month, day, and year)  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  6. DATE OF BERTH (month, day, and year)  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  6. DATE OF BERTH (month, day, and year)  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  6. DATE OF BERTH (month, day, and year)  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  8. DATE OF BERTH (month, day, and year)  1. SAW MILL PARTICULARS  1. Total profession, or particular water as all captures and an order as a part in this occupation month and part in the description of deceased?  1. AGE  1. ARCHARAMA MILL PARTICULARS  1. AGE  1. AG	Village or City Def Action	No. 42 No.
(a) Residence: No		
PERSONAL AND STATISTICAL PARTICULARS  S. SIX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWED. OR, DIVORCED (white the wynd)  55. If married, widowed, or divorcad HUSSANDO HUSSANDO HUSSANDO  T. AGE  Years  Months  Days  If LESS than Iday,	2. FULL NAME Buly Dailer	
3. SEX		
OR DAYORED (converte the wayd)  So. If married, wildowed, or divorced HUSBAND of Carl Wife of HUSBAND of HUSBA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  1 last saw h	OR DIVORCED (write the word)	Thursday 6 4 , 193 4
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than to have accurated on the date stated above, at	HUSBANO of	22, I HEREBY CERTIFY, That I attended deceased from
T. AGE  Years  Months  Days  If LESS than  I dayhrs.  ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  SAWER, BOOKKEPER, etc.  S. Industry or business in which work was dona, as SILK MILL.  SAWILL, BARK, etc.  11. Total time (years) spant in this occupation  Other Centributery Causes of importance:  This occupation  Other Centributery Causes of importance:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset  The PRINCIPAL CAUSE OF DEATH and related causes of importance  Date of enset were as follows:  Date of enset at this occupation month and year)  Other Centributery Causes of importance:  The PRINCIPAL CAUSE OF DEATH and related causes of importance  Date of enset at this occupation month and year of importance:  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  Date of enset at this occupation month and year of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  Date of enset at this occupation month and year of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of importanc	20 1 1624	(12 . 0 -
S. Trada, profassion, or particular kind of work done, as SPINNER, SAWIFER, BOKKEPER, etc.   Date of east follows:   Date of		11'10
8. Trada, profession, or particular kind of work done as SPINRER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which was was done as SINK MILL, DARK, etc.  10. Date decased lest worked at this occupation (month and occupation)  12. BIRTHPLACE (city or town)  (Stata or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Stete or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  Mannar of injury  Name of operation.  Date of.  What test confirmed diagnosis?  Was there an autopsy?  21. Specify whether injury occurred in INOGSTRY and HOME. or in PUBLIC PLACE.  Mannar of injury  Nature of injury  Neture of injury  19. UNDERTAKER  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  (Address)  Mannar of injury  Neture of injury  (Signed)  Mannar of injury  (Signed)  M. D.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
12. BIRTHPLACE (city or town) (Stata or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. Other Contributory Causes of importance:  Other Contributory  O	8. Trada, profession, or particular kind of work done as SPINNER	Cesphilipsia Date of onset
12. BIRTHPLACE (city or town) (Stata or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. Other Contributory Causes of importance:  Other Contributory  O	SAWYER, BOOKKEEPER, etc.	Monaterium
12. BIRTHPLACE (city or town) (Stata or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. Other Contributory Causes of importance:  Other Contributory  O	work was dona, as SILK MILL	
12. BIRTHPLACE (city or town). (Stata or country)  13. NAME  14. BIRTHPLACE (city or town). (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town). (Stete or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  10. THED  11. BIRTHPLACE (city or town).  Cate of country)  Other Contributory Causes of importance:  Other Contributory Caus	- Spaint in this	
(Stata or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  Mannar of Injury  Natura of Injury  19. UNDERTAKER (Address)  20. FILED  Mannar of Mannar of Injury  Natura of Injury  (Signed)  (Signed)  Mannar of Manna	Paral.	Other Contributory Causes of importance:
What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Oata of Injury.  Whare did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INO STRY in HOME or in PUBLIC PLACE.  Mannar of Injury.  Natura of Injury.  19. UNDERTAKER  (Address)  Accident, suicide, or homicide?  Oata of Injury.  Whare did injury occurred in INO STRY in HOME or in PUBLIC PLACE.  (Specify whether injury occurred in INO STRY in HOME or in PUBLIC PLACE.  (Address)  4. Was disease or injury in eny way related to occupation of deceased?  If so, specify.  (Signed).  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injur		
What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Oata of Injury.  Whare did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INO STRY in HOME or in PUBLIC PLACE.  Mannar of Injury.  Natura of Injury.  19. UNDERTAKER  (Address)  Accident, suicide, or homicide?  Oata of Injury.  Whare did injury occurred in INO STRY in HOME or in PUBLIC PLACE.  (Specify whether injury occurred in INO STRY in HOME or in PUBLIC PLACE.  (Address)  4. Was disease or injury in eny way related to occupation of deceased?  If so, specify.  (Signed).  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injur	13. NAME Quinis Briles	
What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Oata of Injury.  Whare did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INO STRY in HOME or in PUBLIC PLACE.  Mannar of Injury.  Natura of Injury.  19. UNDERTAKER  (Address)  Accident, suicide, or homicide?  Oata of Injury.  Whare did injury occurred in INO STRY in HOME or in PUBLIC PLACE.  (Specify whether injury occurred in INO STRY in HOME or in PUBLIC PLACE.  (Address)  4. Was disease or injury in eny way related to occupation of deceased?  If so, specify.  (Signed).  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injury.  Mannar of Injury.  (Signed).  Mannar of Injury.  Mannar of Injur	I A RIPTHPLACE (city or town)	Name of operation Date of
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place (Addrass)  19. UNDERTAKER (Address)  23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INO 05TRY in HOME, or in PUBLIC PLACE,  Mannar of Injury Natura of Injury  19. UNDERTAKER (Address)  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify (Signed)	(Stata or country)	a de la companya del companya de la companya del companya de la co
Whare did injury occur?  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Manuary  Data Manuary  19. UNDERTAKER (Address)  20. FILED Mark Y, 1954.  Whare did injury occur?  (Specify whether injury occurred in INOSTRY in HOME, or in PUBLIC PLACE.  (Address)  Mannar of Injury  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed)  Mannar of Injury  (Signed)  M. D.	15. MAIDEN NAME Matcha Hetes	
Whare did injury occur?  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Manuary  Data Manuary  19. UNDERTAKER (Address)  20. FILED Mark Y, 1954.  Whare did injury occur?  (Specify whether injury occurred in INOSTRY in HOME, or in PUBLIC PLACE.  (Address)  Mannar of Injury  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed)  Mannar of Injury  (Signed)  M. D.	O 16. BIRTHPLACE (city or town)	
17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Mannar of Injury Natura of Injury  19. UNDERTAKER (Address)  24. Was disease or injury In eny way related to occupation of deceased? (Address)  25. FILED  (Signed)  (Signed)  (Signed)  (Signed)  Mannar of Injury (Signed)  (Signed)  Mannar of Injury (Signed)  (Signed)  Mannar of Injury  Natura of Injury  (Signed)  Mannar of Injury  Natura of Injury  (Signed)  Mannar of Injury  Natura of	Š (Stete or country)	Whare did injury occur?
18. BURIAL, CREMATION, OR REMOVAL  Place Miller Verniers  Data Mannar of Injury  Natura of Injury  19. UNDERTAKER  (Address)  Agr. Cassul ( ) Aff Z ( ) (Signed)		Specify whether injury occurred in INOUSTRY in HOME, or in PUBLIC PLACE.
Place M. Verniers Data MUNIA 1934 Natura of Injury  19. UNDERTAKER Commo Bail 24. Was disease or injury In eny way related to occupation of deceased?  (Address) Sp. amu of the Common C		Mannar of Injury
19. UNDERTAKER  (Address)  (Addre	Place Ms Venney Data MRAS 7 , 1934	NA
20. FILED Meber 1984. Stephen C. Holle (Signed) the 13 Millelle M.D.		24. Was diseasa or injury in eny way related to occupation of deceased?
Acgistrar. (Address)	20. FILED MANY, 1984. Statistics C. Holle	
If more blanks are needed, address State Registrar 2012 N Charles Street Relimore Requesting 31 S No.	Registrar.	

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		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			142

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 7 1004			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02998
1. PLACE OF DEATH	107-00
County Am	Registration Dist. No. 26 4
Village or City Nanth West -	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thillip his Bacco	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	med 1 1934
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the dete steted above, et
1 dey,mrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Broncho Jum
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupetion (month and spent in this	
yeer) occupation	Ohn Condition Constitution
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Nomersel Co	
13. NAME. English Ballond 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city of town)	Name of operation Dete of
(Stete of country)	Whet test confirmed diegnosis? Was there en au'opsy?
15. MAIDEN NAME URWILLS France	23. If death wes due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
∑ (Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hoch	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
Place Office Anna Dete A 7 1934	Menner of injury
O a Stu Balland	Neture of Injury
19. UNDERTAKER	24. Wes disease or injury in eny way related to occupation of deceesed?
(Address)	If so, specify (Signature Control Cont
20. FILED 193 F. Juitly	(Signed) 7 MM M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance	e: May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
--	-------	----	-------	------	--------	-------	----	-------

()	6,	O	0	()
V	4	J	J	1

1. PLACE OF DEATH	93-2
County Somewest 16	Registration Dist. No. 270
Village or City Custiced 17. A. N.	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?
no. It of	
(a) Residence: No.	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 19th 1934 (Month) (bey) (Yeer)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of James Carman.	22. I HEREBY CERT 1914 That latte deed degreesed from
6. DATE OF BIRTH (month, dey, and yeer) May 2 y # 1854	t lest saw her elive on Mech 18 193 7 Geeth is said
7. AGE Years Months Days If LESS then 1 dey,	to have occurred on the date stated above, at
8. Trede, profession, or perticular kind of work done, es SPINNER, Househoeler SAWYER, BOOKKEEPER, etc.	June a stollows:  June 1 arteur Sel 0400
kind of work done, es SPÍNNER, SAWYER, BOOKKEEPER, etc.  9.Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Dete decessed last worked et 11. Totel time (yeers)	Chamis Mundon 1 : +
IO. Dete decessed last worked et this occupation (month end yeer)	Duration: not Barown Cong
12. BIRTHPLACE (city or town) Smeles Co, (Stete or country)	Other Contributary Causes of Importance:
13. NAME William Milson	Deslatation
14. BIRTHPLACE (city or town)	Name of operation. However Dete of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Mary Diesel	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT James Comman (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Force Lots Octo Mas 20, 1934	Menner of Injury
19. UNOERTAKER O. Bausson Mol.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. Mar. 20, 19.34 D. E. Collins. Registrar.	(Signed) A QUILLO CURLU M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 6 1122	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

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APR V	- //		
Other contributory causes of importance:		Other contributory causes of importance:	•
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

certificate.

of

MON is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

AGE should be

-WRITE PLAINLY,

N. B.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	3	11	0	1
	U	U	V	7

1. PLACE OF DEATH  CountySomerset				92-0	
				Registration Dist. No. 270	
Village or City Nr. Crisfield				No. St Ward	
langth of residence	a in city or town where	3	(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)	
			yrs,mos	sds. How long in U.S. if of foralgn birth?yrsmosds.	
2. FULL NAME					
(a) Residence:	No	Marion (Usual place		St., Ward.  If nonresident give city or town and State	
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH	
	COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED.	21. DATE OF DEATH	
F	Col	or Divorce	D (write tha word)	3 3/ 1934	
5a. If marriad, widowed, o		27.00		- (Month) (Day) (Yaar)	
HUSBAND of (or) WIFE of	N	one		22. I HEREBY CERTIFY, Thet I attended decessed from	
			1887	, 19, to, 19	
6. DATE OF BIRTH (mont	in, day, and year?	1		l last saw h; death is said	
4.6	Months 10	Deys 19	If LESS than I day,hrs.	to have occurred on the date steted above, et	
		1 10	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profassion, kind of work SAWYER, BOO	done, as SPINNER,	Housew	ork		
◀ 9. Industry or busin	ass in which	110000		all the french	
SAW MILL, BA	e, as SILK MILL, ANK, atc				
10. Date dacaasad las	st worked at Mar	ch II. Total t	ima (yaars) nt in this		
yaar)	193	A- Ocal	pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or t	town) Hurl	ock		Cham's supcolit	
(Stata or country)	=	Md		antis resultatolu-	
13. NAME	Unknow	in		A S	
13. NAME 14. BIRTHPLACE (city	or town)			Name of operation	
(Stata or coun	try)			What test confirmed diagnosis? Wes thara an autopsy?	
15. MAIDEN NAME  16. BIRTHPLACE (city		Cephas		23. If daath was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city	or town)	rlock		Accidant, suicide, or homicida? Data of injury, 19	
(State or coun	**/	Ind		Whare did injury occur?	
17. INFORMANT	margar	et Ceph Hurloc		(Specify city or town, county and State) Spacify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)		HULLOG	K Int		
18. BURIAL, CREMATION, PlacaHurl		Date Apr	3 ,19 34	Mannar of injury no endure of surgery 3	
Placa	6 60	Date Apr	, 19.0-1	Natura of Injury a foral plan	
19. UNDERTAKER	m won	adsh	ew	24. Was disease or injury In eny wey related to occupetion of decaesed?	
(Addrase)/	Custi	is f	nd	If so, spacify	
20. FILED 4 / 2	1,1934 C	E Col	lins	(Signad) Living Chillian M. D.	
1/			Registrar.	(Address) Therese (Address)	
	If more l	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Samuerses	Registration Dist. No. 26 3
n at at	
Village or City Wyl VIII (15)	, NoSt.,Wa leath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME also amily Cole	
(a) Residence: No. January Mariner	1St, Con Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Temale While OR DIVORCED (write the word)	March 10 1934 (Month) (Day) (Year)
n. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonge	22. I HEREBY CERTIFY. That I attended dacaased fr
DATE OF BIRTH (month, day, and year) Feb. 19 18644	I last saw h.e. alive on Market 1937; death is s
AGE Years Months Days / If LESS than	to have occurred on the date stated abova, et. 1.1.20 mail.
70 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	January 1
9. Industry er business in which work wes dona, as SILK MILL,	William 2
SAW MILL, BANK, etc	The state of the s
10. Date dacaased last worked at this occupation (month end spart in this occupation ————————————————————————————————————	
2. BIRTHPLACE (city or town) Sometal Office (State or country)	Other Coutributory Causes of importance:  Classification of the Court
13. NAME Thos, Simpkins	
14. BIRTHPLACE (city or town) Someone Co.	Name of operation Data of
(State or country)	What tast confirmed diagnosis?
15. MAIDEN NAME Horiell March	23. If death was due to external couses (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Haviett Marsh  16. BIRTHPLACE (city or town) Somether Co.,  (State or country)	Accident, suicide, or homicide?, 19
(James of Country)	Where did injury occur? (Specify of y or town, county and State)
7. INFORMANT TOTAL OS.	Specify whether injury occurred in INDUSTRY, in HOME or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL h Tolonon Place as any church notoate march 12, 19 34	Manner of injury
9, UNDERTAKER Dale Dashiell	24. Wes diseasa or injury in any way related to occupetion of daceased?
(Address) for Ohne. Antito	If so, spacify
O. FILED Mah: 1.2, 1924, Stephenson Hickory	(Signed) (Address) A A A A A A A A A A A A A A A A A A

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 37 1034			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA.

Reistrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Novis.

(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 6 1924				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones Edit REA 1. S.	May 1,1923	Gastroenteritis	1 year	

should state item of infor-

1. PLACE (	OF DEATH			200-6	
County	Somerset		2277847 1111 1-141	ACTION OF THE PERSON OF T	Registration Dist. No. 265
Village or	city Cris	field	WITHIN C	ORPORATE LIMI	TS OF St., Ward
					institution, give its NAME instead of street and number)
Length of re	esidence in city or town where		2.	22 as. How long in U.	S. If of foreign birth?dsds.
2. FULL N		man Dize			
(a) Reside	ence: No. Chesa	peake Av		St.,Ward.	
PERSO	NAL AND STATIST	(Usual place		MEDICA	If nonresident give city or town and State
3, SEX	AL AND STATIST	5. SINGLE, MARI		AL DATE OF DEAT	L CERTIFICATE OF DEATH
M	VT	of Pidosce	(Durite the word)	tours	(Month) (Day) (Year)
5a. If married, wide HUSBAND of (or) WIFE of		La Davis	Dize	22, I HERE	
		1 -1252	1006		, 19, to, 19,
	f (month, day, and year) ears Months	April 24	1886		n, 19; death is said
11. AGE	1 A	3.4	1 day,hrs.	A .	DEATI1 and related gauses of importance
1 % Trade and	faccion or continuous	40	ormin.	ere as follows:	Datpotanget
o kind of	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	Trucki	n or	112 20000	
The A Standard or	a briatage to inhigh		<b>4</b> 5	To Cocceto	
SAW M	vas done, as SILK MILL, HILL, BANK, etc	ah		The The	
10. Date decea	ased last worked at cupation (month and 14	7 A 11. Total til	me (years) 15	Day Water	all Callage - there
year) _			pation	Other Contributory Canses of	Aimportance: A
12. BIRTHPLACE (	city or town)Cris	sfield		wook	Month of Krolence
(State or co	ountry)	lid		noy sia	ous of Fall
13. NAME	Mitche	11 Dize		Beau,11	no Entered information.
13. NAME	CE (city or town)		****	Name of operation	Cut R Date of
(State	or country)	No.		What test confirmed diagnos	is? Was there an autopsy?
15. MAIDEN N	IAME MOSOU	ria Benn	ett	23. If death was due to extern	al causes (VIOLENCE) fill in also the following:
15. MAIDEN N	CE (city or town)		40	Accident, suicide, or homicid	e? 400 Date of injury, 19
(State	or country)		Va	Where did injury occur?	(Specify city or town, county and State)
17. INFORMANT (Address)	Mrs Retta	Davis risfield	iid.	Specify whether injury occur	red in INDUSTRY, In HOME, or In PUBLIC PLACE,
	ATION, OR REMOVAL			Manner of Injury	
Place	risfield Ce	m_Date_liar	ch 2019 34	Nature of Injury	
19. UNDERTAKER _ (Address)	John A	Bradshaw Isf <b>ield</b>	lid.	24. Was disease of imporula	way elated to occupation of deceased?
			00:	If so, specify	
20. FILED TO	220 19:84 C	-C. / m	VIII	(Signed)	M. V.

Registrar.

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03005
1. PLACE OF DEATH	93-c
County Lomerselly:	Registration Dist. No.
Village or City affer Harmount	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Affile O'Commons (Usual piace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 7 4. COLOR OR RACE OR DIVORCED (write the word)  Male While Name or Name of Nam	21. DATE OF DEATH  (Month)  (Day)  (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Many S. Dorney	22. MANY 1934 to Many 1934
6. DATE OF BIRTH (month, day, and year) Rug /2 - /8 50	Hast saw h. m. alive on March 10 , 1934; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Life Ins agent SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Chronic Myocarditis
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - 1 Wary Land	Gen-arterio O clerosis
13. NAME Williams or sey	
13. NAME Williamsh) or sey 14. BIRTHPLACE (city or town) - 4 (State or country) Mary land	Name of operation
15. MAIDEN NAME Matilda Maddey  16. BIRTHPLACE (city or town) Thankland,	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Horence Abra (Address) While Trainmount	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR SEMOVAL Place Affler Frimmount Date Mar 15, 1934	Manner of Injury
19. UNDERTAKER Hary & Miles (Address) Tippes Hairmount	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify
20. FILED Mar 13, 1934 S. C. Diekinson Registrar.	(Signed) A Confine of armount. M. D.

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MINEAL Y. S.	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II
use of death and related causes Date of onset re as follows:
1 week ago
ar 1 week ago
3 days ago
y causes of importance:
1 year
y causes of importance:

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03007
1. PLACE OF DEATH	(82-0)
County Societach	A Registration Dist. No. 268
Village or City Deal Islaulle	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of twn where death occurred 30 yrsmos.	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME hovere for	P
(a) Residence: No. Neals Island III	VSt., Ward.  If nonresident give city or lown and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR/DIVORCED (write the word)	3 - 2 193 9
5a, Inmied widowed profivorced	(Month) (Oay) (Yeer)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
William Gover V. grane	7.6.27 ,19 34, to Mar 2 ,19 84
6. DATE OF BIRTY (pronth, day, and year)	I last saw h_ elive on
7. AGE Months Days If LESS than	to have occurred on the date stated above, at
75 5 24 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular	Α
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Conelly hemorphage Jeb 27, 30
9. Industry or business in which work was done, as SILK MILL	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	
this occupation (month and year)	
Lakallellah	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	
E 13. NAME Ylook Doy lew	
E 1 . M. 01-	Name of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au'opsy? 40
	23. If death was due to external causes (VIOL ENCE) fill In also the following:
E N A A	Accident, suicide, or homicide?
State or country	Where did injury occur?
Min and Mark	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	openly whether injury occurred in into sortin, in notine, or into socio reside.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Deeps Slambate Well 4, 1934	Nature of injury
h 411 Thelian	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
Mel 36 34 Rome Wolate	(Signed) D.M. She of M.D.
20. FILED Registrar.	(Address) Deals als my
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May 1,1923	Gastroenteritis	1 year
	1921 July5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

of OCCUPA.

1. PLACE OF DEATH  County Someson	CERTIFICATE OF DEATH (3009)  Registration Dist. No. 270
	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs. mos. ds.  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. If married widowed as discussed.	21. DATE OF DEATH  With (Month) 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from 19, 19, 19
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	I last sew h
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month end spent in this securation (month end spent in this spent in this securation (month end spent in this spe	allendance
SAW MILL, BANK, etc	Crahally Sulumunia mek 12  Solver from morial: 1424  Other Contributory Causes of Importance: 1424
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  Control of the second of	
(State of country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place Fundy Sah Date. Mat. 15, 1934  19. UNDERTAKER 9 S - Lynnon	Menner of injury  Nature of injury  24. Was disease or injury In any way related to occupation of deceased?
20. FILED MANH1934 Lefloollon Registrar.	If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=======================================	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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m

1. PLACE OF DEATH			CERTIFICATE OF DEATH (130)	10
County_Somerset			2//	
Village or City Marion			No. St	Ward
Langth of residence in city or town where dea	th occurred 2	9 8 (11 yrsmos	I doubt a second for a bounded of the court of the by by by by by by	
2. FULL NAME Hodson (a) Residence: No. Farm	C John:		St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTIC	AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE S		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH, 10 193.7	r
a. If marriad, widowed, or divorced HUSBANO of			(Month) (Oay) (Ye	
(or) WIFE of None			1 HEREBY CERTIFY, That I attended decease	
DATE OF BIRTH (month, day, and year)	ne 27 I	904	I last saw h ative on on de 10, 1934; death	
. AGE Years Months	Oays	If LESS than	to have occurred on the date stated above, at 11.00 f.m.	13 341
29 8	II	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Farme		acus Dil of Next mad	
9. Industry or business in which				
work was done, as SILK MILL, SAW MILL, BANK, etc.	3-1			
10. Oate deceased last worked at this occupation (month and year)	spe	ima (yaars) ntin this upation		
2. BIRTHPLACE (city or town)	rion		Othar Coatributary Causes of importance:	Λ
(Stata or country)	iid		Calontial withiles 1h	ela
13. NAME Joshua	Johns	on	musing Himmig.	
13. NAME  14. BIRTHPLACE (city or town)	rion		Nama of operation 2000 Oats of	
(State or country)	Md		10	
15. MAIOEN NAME Bertha	Johnso	n	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIOEN NAME Bertha  16. BIRTHPLACE (city or town) N	larion		Accident, suicide, or homicide?	
(State or country)		đ	Whare did injury occur?	
17-INFORMANT Marion Md			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Joshua T J	ohnson	Jr	- The state of the	
8. BURIAL, CREMATION, OR REMOVAL Place Library Cem	Date Mar	ch 13 <sub>19</sub> 34	Mannar of Injury	
19. UNDERTAKER John a Bradshan (Addrass) (Addrass)			24. Was disease or injury in any way ralated to occupation of deceased?	
0. FILED 3/12, 1934 Church	Lea 19.	Lawson	If so, specify (Signed) Yeorn Corellans	.м. D
		Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastrocnteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:		

STATE OF MARYLAND	CERTIFICATE OF DEATH 03011
County Sentament Land	M. AMD Registration Dist. No. 268
Village or City CHANCE, MD	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos,	
2. FULL NAME BUY AMIN Frank	Un Jarres
(a) Residence: No.	SI Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	MAR 11 1934 , 193 (Yeer)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Feb 15 , 1934, to March , 1934
6. DATE OF BIRTH (month, day, and year) 00/13, 19/3	Hast saw h Lss elive on March 1/ 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
20 4 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
Trade, profession, or perticular kind of work done as SPINNER.	Jonesso- Greunama
SAWYER, BOOKKEEPER, etc. 9 Lastor  9. Industry or business in which	following Meadle
work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  year)  11. Total time (yeers) spant in this occupation (month and year)	
A	Other Cantributory Causes of importance?
12. BIRTHPLACE (city or town) GHANCE, MD, (State or country)	Measus
Ξ	Name of operation
4. BIRTHPLACE (city or town) CHANCE, MD (State or country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Martta Peld	23. If death we's due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT AND A LONG TO THE CANADA TO TH	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 3, 1924	Nature of injury
19. UNDERTAKER J- MANGELLE	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Sells Jelan m	if so, specify
20. FILED meh (2, 19 Rom Wetster	(Signed) Cl. J. M. D.
Registrar.	(Address) GHANGE, MD.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	ia
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-

OCCUPApluods

	THE OF PEATE	
	County Investell	Registration Dist. No. 260
	Village or City Princess and Ma	No. St.
		(If death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,m	osds. How long in U.S. If of foreign birth?yrsmos
	2. FULL NAME Junshu & Kning	hl
,	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Mg, word)	21. DATE OF DEATH
	Female While Widowel.	(Month) (Pay) , 193
	5a. If married, widowod, or divorced	
	(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceasa
00000	17014 / race 101.	March 129 1934 to Mercas 139 19
te.	G. DATE OF BIRTH (month, day, and year)	liast saw h.R. V. aliva on Merce \$ 1.24, 1934, death
ica	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10-15-ni.
rti	89 3 /6 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	Indequalin 31
	SAWYER, BOOKKEEPER, etc.	
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
as on back of certifi	11. Total tima (years)	
SI	this occupation (month and spent in this occupation	
instructions	12. BIRTHPLACE (city or town) Contland.	Other Contributory Causes of importanca:
nc	(Stata or country)	of No. 2 h
str	13. NAME Billing J. Jahrson.	y way
	Ε //	
See	[State or country]	Neme of operation Date of
	~   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	What test confirmed diagnosis Was there an autopsyl
ant	15. MAIDEN NAME (10 We Pruny)	23. If death was due to externel causes (VIOL ENCE) fill In also the following:
1	[ 16. BIRTHPLACE (city or town)	Accident, sulcida, or homicide?, 19
Q.	(State or country)	Where did injury occur? (Specify city or town, sounty and State)
	17. INFORMANT Mr Hause	Specify whether Injury occurred in INDUSTRY, in HOLE, or in PUBLIC PLACE.
very	(Address) Princise Elive	784
OD.	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
z	Place Date 1000 , 192	Nature of injury.
LION	19. UNDERTAKER M. L. Hulaming Rose	24. Wes diseasa er injury in eny way related to occupation of deceased?
T	(Address) Princess lyme Md.	if so, specify
	ally 2010 A. T.	(Signed) The Manual Man

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Address)

Date of onset 3/12/84

hera an autopsy? Zac

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 PUREAUV.	. 34		
Other contributory eauses of importance:		Other contributory causes of importance:	7
Gallstones	May 1,1923	Gastroenteritis	1 year.

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Jones gel	Registration Dist. No. 264
	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Carre O, Lando	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wilsoned	21. DATE OF DEATH 29 (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of William J. Landon	22. I HEREBY CERTIFY, That I attended deceased from  Tel. 21 1924 to March 28 1934
6. DATE OF BIRTH (month, day, and year) Dov. 6 18 6/ 7. AGE Years Months Days If LESS than	I last saw harman alive on May 28, 1954; death is said
72 1 92 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.	were as follows:  Date of onset  Criciles Eschuletti
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and	Myscaralist Failure 720/34
10. Date daceased last worked at this occupation (month and year)  11. Total time (years)  span / in this occupation	
12. BIRTHPLACE (city or town) Sometal Co. (State or country)	Other Contributory Causes of Importance:  Contributory Causes of Importance:  Annew Contributory Cause of Importance:  Annew Contrib
13. NAME Henry J. Shellon 14. BIRTHPLACE (city or town)	
(State of country)	Name of operation
15. MAIOEN NAME Sarah Catherine Holland	23. If daath was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Only Revel and Miles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wat 30 , 1934	Manner of Injury
19. UNDERTAKER At any B Miles (Address)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED MAN 3D , 1934 G. Dickinson Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	[	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CERTIFICATE OF DEATH 03014
1. PLACE OF DEATH	97
County	Registration Dist. No. 270
Village or City Nr. 9 Creafings, Ald	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Henry Law &	Carl.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH March 20th (1934) (Year)
HUSBAND of Namey Lawson.	22. I HEREBY CERTIFY, That I attanded deceased from
Typ of when	man 14 ,1934, 10 mar. 20 ,1934
6. DATE OF BIRTH (month, day, end year) Teh 13 1848	I last saw harman alive on MCLL 14 , 19 3 4; death is said
7. AGE Years Months Days if LESS than	to heve occurred on the dete steted above, at 4.3. Pm.
86   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
2 Trade profession or particular	anteris clerario Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete deceased last worked at this occupation (month and	
10. Dete deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Somewhat Conference (State or counter)	Other Contributory Causes of importance:
13. NAME & Surrou Prace Laurann  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oparation
or make of the	Whet test confirmed diegnosis? Developed Wes there an autopsy? + W.
15. MAIDEN NAME Mahala Nomero.	23. If death was dua to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT(Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIeca associate Curefact, Date May, 27, 1934	Manner of injury
19. UNDERTAKER J. D. Bauckon. (Addiass) Circhicald Aid.	Natura of injury  24. Wes disease or injury In eny way related to occupation of decessed?
20. FILED MOSZ, 1934 Sofe leabler Registrar.	(Signad) S. M. Day for M. D.  (Addrass) Cree Field, M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitut nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of infor-

OCCUPA-

of

STATE  1. PLACE OF DEATH	OF MARY	YLAND-	CERTIFICATE OF DEATH	03015
County Somerset			Registration Dist. No.	265
Village or City	eld		DRPORATE LIMITS C	War
County Some rset  Village or City Crisfield Withm  Length of residence in city or town where death occurred 44yrs. 2  FULL NAME Edith Maddox  (a) Residence: No. N 4th Street  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  EX 4. COLOR OR RACE OR DIVORCED (write the work Married)  If married, widowed, or divorced HUSBANO of (or) Wife of Benjamin Maddox  ATE OF BIRTH (month, day, and year)  OF 44 Yeers 2 Months 21 Oays If LESS the 1day, or min.  OTTAGE, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  SAW MILL, BANK, etc.  10. Date deceased last worked at Feb 28 II. Total time (years) spent in this occupation (month end this occupation (month end this occupation work was done)  (State or country)  13. NAME Levin White  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Airy White  16. BIRTHPLACE (city or town) (State or country)  NFORMANT Benjamin Maddox (Address) Unknown  (Address) Unknown  (State or Country) Date Margh 8, 19. 10 MINERTAKER (Address) Date Mar	4 yrs 2mo:	f death occurred in a hospital or institution, give its NAME instead of stree	t and number)	
			, , , , , , , , , , , , , , , , , , ,	mos
N.	4th Stre		St., 2 Ward.  If nonresident give city or tow	n and State
PERSONAL AND STATIS	STICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	
	OR DIVORCED	(write the word)	21. DATE OF DEATH Mch. (Month) (Day)	, 193 4
5a. If married, widowed, or divorced HUSBANO of			Name of the second seco	(Year)
(or) WIFE of	Benjamin N	xobba	22. HEREBY CERTIFY. That I atte	
6. DATE OF BIRTH (month, day, and year)	Dec 15	1889		54; death is sa
7. AGE 44 Yeers 2 Months	21 <sup>0ays</sup>	If LESS than 1 day,hrs. ormin.	to have occurred on the dete steted above, at	
N Trade profession or particular		The state of the s	Oate of one	
WORK WAS GONE, AS SILK MILL,			Trumary cause: poolably lues	28 - 8
	b 28 11. Total timespent	ne (years) In this pation 24	Oct. 25,1924, Cres	
( ) ,	risfield		Other Coutributary Causes of importance:	
		α		
(State or country)			Nama of operation	
15. MAIOEN NAME A	iry White		What test confirmed diegnosis? Was ther	
16. BIRTHPLACE (city or town)	Unknow	n	23. If deeth was due to external ceuses (VIOLENCE) fill in also the foll Accident, suicide, or homicide? Date of Injury	
17. INFORMANT Benja			Where did injury occur?  (Specify city or town, county an Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL		2.0	Manner of injury	
Piace Lawsonia Com	Date Mars	ch 8,19 34	Neture of injury	*******
19. UNDERTAKER John and	adstan	rd	24. Was disease or injury in any way related to occupation of deceesed	n ho
mar / 311	0 P C. 0	D .	(Signed) TO 6 10 18 lles	~

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1 2 3

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(93-c)	
County Somerse	t	Registration Dist. No2	(x
Village or City Pocomo	oke City,	No. R.F.D. # 1.	St. Ward
		(If death occurred in a hospital or institution, give its NAME instead of stre- mosds. How long in U.S. if of foreign birth?yrs,	
2. FULL NAME Henry	Miles		
(a) Residence: No.		St.,Ward.	
	(Usual place of abode)	If nonresident give city or to-	
	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
3. SEX 4. COLOR OR RA Male Colore	OR DIVORCED (write the word	21. DATE OF DEATH  March 26th  (Month) (Day)	• 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I at	
	1916	- March 12, 1934, 10 March	
6. DATE OF BIRTH (month, day, and year 7. AGE Years Mon	nths Days I If LESS the	I last saw house elive on world 11, 19 an to have occurred on the date stated above, a 40 Pm.	death is said
88	1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	e
Total confession or westimber	/ ormin.	were as follows:	Date of onset
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc.	ER, Laborer	Canpren foot	Steam
9. Industry or business in which		of the same	934
SAW MILL, BANK, etc  10. Date deceased last worked at this country in this country in the cou			
0. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) SQME	rset County	Other Coutributory Causes of importance:	
	yland	home Myseund to	1928
置 13. NAME			
13. NAME 14. BIRTHPLACE (city or town)		Name of operation	le of
(State of Country)		What test confirmed diagnosis? Was the	re an au'opsy?
15. MAIDEN NAME Hester		23. If death was due to external causes (VIOLENCE) fill in also the fo	llowing:
	merset County	Accident, suicide, or homicide? Date of Injury-	
(State or country)	Maryland	Where did injury occur? (Specify city or town, county a	ad State)
17_INFORMANT	91 °F	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. RURIAL CREMATION, OR REMOVAL Place Some Pact Co	etery Mar. 28th 19.	Menner of injury  Nature of Injury	
19. UNDERTAKER DEMISOR	City, Maryland.	24. Was disease or injury in any way related to occupation of decease	ed?
20. FILED Meh 28, 19345	Sumuel Scott	(Signed) and	ws.M.D.

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Chronic interstitial nephritis _ C -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A. C. A.			+ 1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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of OCCUPA-

	OF MARYLAND	-CERTIFICATE OF DEATH 03017
1. PLACE OF DEATH		<u> </u>
CountySomerse	t	Registration Dist. No. 270
Village or City Cri	sfield	No. St., Ward
	ere death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SE	arah Miles	
(a) Residence: No.	Hopewell IId (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX F 4. COLOR OR RACE COL	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 19 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rob	ert Miles	22. I HEREBY CERTIFY, That I attended deceased from  19.29 19.40 20.60 19.34
6. DATE OF BIRTH (month, day, and year)	Aug 8 1857	I last saw hak alive on Israela (6 , 19 34; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10.044 _m.
76 8	15   1 day,t	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housework	Serebelized atteriosolohosis Date of onset 19 2 9
work was done, as SILK MILL, SAW MILL, BANK, etc		
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Hope (State or country)	ewell Md	Other Contributory Causes of importance:
	Holland	
14. BIRTHPLACE (city or town)	Ma	Name of operation Date of
(State or country)	• 17 99 - 9	What test confirmed diagnosis? Could Was there an autopsy? 10
15. MAIDEN NAME Syd	lvia Holland Md	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
John	n Miles Trisfield Md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Marian Nd	Date March 21,19	Manner of Injury
19. UNDERTAKER JOHN A BOLO (Address)	dran	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED MOR 21, 1934	C. E. Collins. Registrar.	(Signed) S. M. Leylon M. D.  (Address) Cris Jeded, hed

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	REC		Exa		
	L	LY.	Ξ.		
MARGIN RESERVED FOR BINDING	E	(T)	hed		
D	TAD	A C	ISSI		
Z	SRI	×	cls	d)	
H	PI	q	rly	cat	
OR	S. A	ate	obe	rtifi	
II.	SIS	S	Id (	cel	
田田	H	l be	be '	to a	
RV	Ī	ould	maj	back	
SE	NK	sh	it	no	
四四	G	GE	hat	ns	
z	NIC	V	so t	ctio	
GI	FAI	ied.	us,	stru	
AR	Z	ppl	tern	ins	
7	1	ng (	ii	See	ľ
	VIT	L.	pla	4	
		ref	E	th.	
	ILY	Ca	TE	por	
	AIN	d b	)E/	im	
	PL	onlo	F.	ery	
	E	sh	E	20	
	RI	tion	OS	Z	
7.1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC	mation should be carefully supplied. AGE should be stated EXACTLY. I	CA	TION is very important. See instructions on back of certificate.	
V. S. No. 1	B.		(-	1	
	ż		/	1	•

	County Village or	Somerse W. Crisf		i Mo	Creadys 1	Registration Dist. No. 270
		idence in city or town wi	are dont	ŋ	7 (li	f death-occurred in a horpital or institution, give its NAME instead of street and number)  s
2	. FULL NA	Took			ister	sgs. How long in U.S. It of foreign birth?yrsmos
-		nce: No.		ollto		St. Ward.
	(a) neside	106. 110.		(Usual plac	e of abode)	St., Ward.  If nonresident give city or town and State
		NAL AND STATE	STICA	L PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	H.	4. COLOR OR RACE White	5.	SINGLE, MA OR DAY ORC	RRIED, WIDOWED,	21. DATE OF DEATH  March 3, 193 4  (Month) (Day) (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	vad, or divorced Nor	ne			22.     HEREBY CERTIFY, That I attended decaased fro
e n	ATC OF BIRTH	(month, day, end yaar)	Dec	12 1	926	I last saw here eliva on mal 3 1934; death is sa
7. A		ars Months		Days 21	If LESS than 1 day,hrs.	to have occurred on the date stated above, at
OCCUPATION	kind of SAWYER	ession, or particular work done, as SPINNER, BDOKKEEPER, etc business in which s done, as SILK MILL, LL, BANK, etc		hool	ormin.	were as follows:  De 1 / Leads  Date of one  Difference  Parallele
220	ID. Date daceas	ad last worked at epation (month and		SD	tlma (years) ent in this upation	
12.	BIRTHPLACE (c		Shel	ltown	11d	Dther Contributory Canses of importance:
2	13. NAME	J Mac 1	list	er		gayan against
LAIDER		(city or town)		lltow	n Md	Nama of operation Africastry & Same Data of the 28.  What test confirmed diagnosis?
1	15. MAIDEN NA	ME E	Liza	beth	Bailey	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOINER		(city or town)	Pr	inces	s Anne	Accidant, suicide, or homicide?
17.	NFDRMANT (Address)			c Mis ltown		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. 1		ncess Com	Indo	ate Ma	reh 5, 1934	Manner of injury
19. 1	UNDERTAKER (Addiese	lom a l	nac	dsha	w	24. Was diseasa or injury In any way related to occupation of dacaased?
	FILED 3/	- 3/17	1.000	1: 10	Jauson	(Signed) Lings Quellus M

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Service All Services	1		
Other contributory causes of importance:	W 4 1 4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEA	EATH
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1.	6 2	6 3	- 4	6
- 13	3	11	- 1	1.1
V	U	0	. 8	V

1. PLACE OF DEATH			92-0	
County Somerset			Registration Dist. No. 2 ( V	
Village or City Rehoboth	)		NoSt.,	Ward
Length of residence in city or lown when	e death occurred	yrsmos	f death occurred in a horpital or institution, give its NAME instead of street and i	number)
2. FULL NAME William				
(a) Residence: No.	(Usual place		St., Ward.	
PERSONAL AND STATIS			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR	RfED, WfDOWED, D (write the word)	21. DATE OF DEATH  Anch 13th.  (Month) (Day)	, 193.4
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Maggie Out	ten		22. I HEREBY CERTIFY, Thet I ettended	deceasad from
6. DATE OF BIRTII (month, dey, end year)		1862	i last saw h afive on 3 - 1924	deeth is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the data stated above, all 15 Pm.	
About 72   **	**	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	spa	ime (yaars) nt in this upation	Mittal Reguigitation	
The Division Cours of Cours,	ster Cou	nty	Other Contributory Causes of importance:	1928
置 13. NAME William Outt	en			1-4-1
13. NAME Filliam Cutt  14. BIRTHPLACE (city or town) (State or country)  18.	ryland		Name of oparation	7
			What tast confirmed diegnosis? Was there an a	
16. BIRTHPLACE (city or town)	yland		23. If dealh was due to external causes (VIOLENCE) fill in also the following  Accident, suicida, or homicide?  Where did injury occur?	, 19
17. INFORMANT Mrs. laggie (Address) R	Outten comoke C	ity.Md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	i) NCE.
18. BURIAL CREMATION OF REMOVAL CO	metery Pate larc	hl6thi934	Manner of injury	
19. UNDERTAKER JEAUOU / S (Address) O COMORE Cjt	Steve y, Varyla	nd.	24. Wes disease or injury in eny way ralated to occupation of decaased?	no
20. FILED Mch 13 , 1934 Sa	muel D	estt. Registrar.	(Signed) Gall asseum Cel	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. g			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If/more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND	CERTIFICATE OF DEATH 03020
EATH	Registration Dist. No. 263
ml. Jenen	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Prance P	ds. How long in U.S. If of foreign birth?
0. Prodeco Cecule Residence (Usual place of abode)	プラディス Ward.  If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
olor or race   5. Single, Married, Widowed, OR DIVORCED (Abrité the word)	21. DATE OF DEATH  Month (Day)  (Year)
annie E. Poucle	22. I HEREBY CERTIFY, That I attended deceased from
1, day, and year) July 37, 1870	I last sew h. IM alive on March 59, 1934; deeth is said
Menths Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
or particular one, as SPINNER, (KEEPER, etc. F. Q. Same)	Genelilis Deleval Selevas portes
ss In which es SILK MILL, Farmer NK, etc	Helleslusii
worked at (month and 11931 11. Total time (years) spant in this occupation all left	Nyject
Who Wordesles Co	Other Contributory Causes of Importance:  Ore Creek Hermanikage Feb. 1833
Elijah Pegvill	01. Herriplegia
or town) Ma, .	Name of operation Date of What test confirmed diagnosis? Classee Was there an autopsy?
Drucilla Hutchan	43-1746-th was due to external causes (VIOLENCE) fill In elso the following:
or town)	Accident, suicide, or homicide?
Prince & Parcel	(Specify State Cown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
or REMOVAL Dave Moh. 7, 1934	Manner of Injury
le doshie - 1	24. Was disease or Injury In eny way related to occupation of deceased?
1034, Stephens O. Harris	If so, specify (Signed) (Signed) (Signed)
., 1934 1 Self May 1 Ma Figure Registrar.	(Address) / for a country

S. No.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
- 1	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y 5,1927	Peritonitis	3 days ago
	7.	
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
1	(921 (5,1927	921 Run over by street car 15,1927 Peritonitis Other contributory causes of importance:

If more danks are needed, address State Registrar, 2411 N. Charles Freet, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03022
1. PLACE OF DEATH	95-2
County Squercet	Registration Dist. No. 260
Village or City Vecree Ocen ord	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Ella B. Sent	L
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH O
Much White OR DIVORCED (write the word)	(Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of E.O. Security	22. ! HEREBY CERTIFY, That I ettended deceased from
DATE OF BIRTH (month, day, and year) May 39, 1858	I last saw h elive on ,19 ; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10,3 o Pm.
75 10 2 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ocale Diletation Hear
9. Industry or business in which work was done, as SILK MILL,	no valvular disease. Trimary cause not
SAW MILL, BANK, etc	Enown. Cuga Oct. 25, 1934.
year) occupation	Dther Contributory Causes of Importance:
BIRTHPLACE (city or town)	
13. NAME John W. Nashrell	
14. BIRTHPLACE (city or town) Maryland	Name ef operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
INFDRMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Orners and Date afril 2, 1934	Nature of injury
(Address) S. anne grade	24. Was disease or injury in any way related to occupation of deceased?
FILED Of THE 1934 Third Registrar.	(Signed) All Market M. D. D. (Address) All Seem Office Market M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	4 - 4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilcpsy	1 week ago
Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			,

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU		.7	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH U3U4	
1. PLACE OF DEATH	46)	
County Comerse	Registration Dist. No. 270	
Village or City N. Cristial	No. St Word	
	f death occurred in a horpital or institution, give its NAME instead of street and number)	
12 7 1 (0)15 1	sds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Olly ), March		
(a) Residence: No. (Usual place of abode)	Tr_St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Four Color or o	March 13 m 1934	
5a. If marriad, widowed, or divorced	(Month) (Ddy) (Year)	
HUSBAND of Officer A Wasel	22. 1 HEREBY CERTIFY, That I attended deceased from	
m 1.12 1812	tel. 13 ,19,24, 10 prat, 13 ,1924	
6. DATE OF BIRTH (month, day, and year) March 17, 1862 7. AGE Years Months Days If IESS than	I last saw help aliva on hoak 13 , 19.34; death is said	
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
77 // ///// 26 ormin.	were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, Arcseheeper SAWYER, BOOKKEEPER, etc	Carcusus & Struck - ?	
S. Jhdustry or business In which		
work was dona, as SILK MILL, SAW MILL, BANK, etc		
Shell I II (III)		
year) occupation	Other Coutributary Causes of importance:	
12. BIRTHPLACE (city or town) Domester Want		
(State or country)		
13. NAME Mesting  14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Neme of operation Oate of	
(Stata or country)	What test confirmed diagnosis? - Was there an autopsy?	
15. MAIOEN NAME Julia Adays.	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city of town) // (State or county)	Accident, suicide, or homicide? Oata of Injury, 19	
Adrigo . Mr. 1	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Pullage fast;	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		
Place astrony Centrelery Oats Mar. 16th 1934	Manner of Injury	
12 Day you	Netura of injury	
19. UNDERTAKER (Address)	24. Was disease or injury in any way releted to occupation of deceased?	
O DO O DO	(Signed) Salah M. Var. Ton M.D.	
20. FILEO. MOZ. 14, 19.34 C. Collus Registrar.	(Address) Chial III III	
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

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Date of the same		
es   Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
2		
12	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

RD.	[XS]	sta	
N. B.—WRITE PLAINLY, WIT, UNFADING INK—THIS IS A PERMANENT RECORD,	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	
TI	LY.		
NE	CI	ified	
RMA	XA	class	
PE	H	rly	sate.
SA	tated	rope	TION is very important. See instructions on back of certificate.
S	S	e p	f ce
LH	d b	yb	k o
K	houl	ma	bac
Z	S	it it	on
NG	AG	tha	ions
IOV	d.	, Se	uct
NF	plie	erms	insti
5	ins	in t	See
II	ully	pla	٠.
M	refi	ï	tanı
ILV.	e ca	ATH	por
AID	2	OE	ii.
PL	nou	OF 1	very
TE	n sl	SE (	is
VRI	tio	M	ON
B.—W	m	S	II
Z.	1	T	1

Every item of infor-ICIANS should state tement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH	13025
1. PLACE OF DEATH	, ,
County Somerant Registration Dist. No. 2	61
Village or City Morron med No. St.,	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and Length of residence in city or town where death occurred yrs ds. How long in U.S. if of foreign birth? yrs,	
2. FULL NAME John halten bhotley	
(a) Residence: No. marron ono St., Ward. Ballung and.	
(Usual place of abode)  If nonresident give eity or town an	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Male Goldes 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widowed (Month)  (Day)	., 193 <del>/</del>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE	
met 6, 197x	19.35
6. DATE OF BIRTH (month, day, and year) Out 6: 1878  I last saw h alive on alive on mile 1924  7. AGE  Years  Months  Days  If LESS than  to have occurred on the date stated above, at QP' m.	.; death is said
The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular  Record.	Date of enset
8. Trade, Profession, or particular Republic Action Sawyer, BOOKKEEPER, etc.  Wreuing.	not 20,3%
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) ### 11. Total time (years) spent in this occupation	
Other Contributory Causes of importance:	
(State or country)  Across t Cor Mil!	- Morting
I 13. NAME John Wheatless	-
13. NAME ) che Wheatley  14. BIRTHPLACE (city or town) Somewhat co Name of operation?  Name of operation?  Date of	
What test confirmed diagnosis? Was there an	aulopsy?
15. MAIDEN NAME frage Construction   15. MAIDEN NAME frage Construction   15. MAIDEN NAME frage Country   15. MAIDEN NAME frage fr	g:
o 16. BIRTHPLACE (city or town) Somerset Co. Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Where did Injury occur? (Specify city or town, county and State or country)	ite)
17. INFORMANT Carrie fulchet Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PI	ACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Localities Cornectary Date Mas 3 1 1984	
On " reture of injury	
19. UNDERTAKER That a, H. Wasde 24. Was disease or Injury In any way related to occupation of deceased?	u).
(Address) marion and If so, specify (Signed) Xuoren Coulling	
20. FILED	

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago RIPEAU Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Somersel	Registration Dist. No. 26/
Village or City Shell lown	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2 FILL NAME MONE Come Willes	nu .
(a) Residence: No. O Rell lown	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
HUSBAND of Frank Wilson	22. I HEREBY CERTIFY. That I attended deceased from  Lib 15 ,1934, to David 17 ,1934
B. DATE OF BIRTH (month, day, and year) Unknown 1864	I last saw how alive on Tab 15 19 ; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:30 P.m.
about 70 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	and he of Heart
SAWYER, BDDKKEEPER, etc. 9 Industry or business in which	Wrening 0
work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked at this occupation (month and spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Clima mornales
13. NAME William Davis	
14. BIRTHPLACE (city or town) Cecomae County	Name of operation Date of
(State or country) . Vinginia	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Boardwale	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Reletour Ma	Specify whether injury occurred in INDÚSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Mappaville Dete Mar. 20, 1934	Manner of injury
Place May Date Man . 200 ., 19-34	Nature of injury
19. UNDERTAKER L. T. Komas, 711881.	24. Was disease or injury in any way related to occupation of deceased?
(Address) (seconde / aginia	If so, specify
20. FILED 9/9, 1944 Jurelia 10 talveou	(Signed) Floring Coulders M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	500Y 44 11 DY	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1601mondin	1 week ago
Cerebral hemorrhuge	July 5,1927	Peritonitis	BECEIVED	3 days ago
Other contributory causes of importance:		Other contributory of		
Gallstones	May 1,1923	Gastroenteritis		

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03027
1. PLACE OF DEATH	(31)
County Somerset	Registration Dist. No. 260
Village or City Meners army	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mary Evelyn	Vilson
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nack SY (Year)
5a. If married, widowed of diverced	(Month) (Day) (Year)
HUSBAND of Cours Wilson	22. SI HEREBY CERTIFY, That I attended deceased from March 2 19 34 to March 24 19 34
6. DATE OF BIRTH (month, day, and year) October 3, 1850	I last saw her alive on much ry 19 34 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Y. Y. P.m.
8 3 5 5/ 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Trade, profession, or perticular	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Sprowe yours
9. Industry or business in which work was done, as SILK MILL,	Chrome Heart Disease 3
kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this pregnation (month and the properties) of the properties of the pro	
this occupation (month and spent in this year) occupation	•
Sm. O	Dther Cuntributory Causes of importance:
12. BIRTHPLACE (clty or town) (State or country)	
13. NAME John Dollart.	
13. NAME John Dollars  14. BIRTHPLACE (city or town) Molecular  (State or country)	Name of association
14. BIRTHPLACE (city or town)   1.0   (State or country)	Neme ef operation Dete of Was there an autopsy?
15. MAIDEN NAME Mare Bas land	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT James & alebon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Clarketing W. Va	
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place The fluir Chull Date The 2019 St	Nature of Injury
19. UNDERTAKER La M. Sweet	24. Was disease or injury in any way related to occupation of declared?
(Address) Viewer and Wy	If so, specify
20. FILED 3/25 1934 J Julity	(Signed) A think the Man De M. D.
R Prar.	(Address) Appens Orange My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Roquesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year